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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/031,296
	Filing Date	March 12, 2002
	First Named Inventor	Markos Triantafyllou
	Group Art Unit	2827
	Examiner Name	Luan C. Thai
Total Number of Pages in this Submission	Attorney Docket Number	Sc0704EM

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Petition to Revive Patent Unintentionally Abandoned <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group {Appeal Notice, Brief, Reply Brief} <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Return Postcard Issue Fee Transmittal (in duplicate)
Remarks		

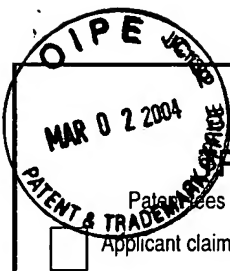
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Michael P. Noonan	Registration No.	42,038
Signature			
Date	March 2, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name	Patricia Parks
Signature	
Date	March 2, 2004



FEE TRANSMITTAL

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number 10/031,296
Filing Date March 12, 2002
First Named Inventor Markos Triantafyllou
Examiner Name Luan C. Thai
Group Art Unit 2827

TOTAL AMOUNT OF PAYMENT (\$)**2,660.00**

Attorney Docket No. Sc0704EM

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number **502117**
Deposit Account Name **Motorola, Inc.**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1480	2254	740	Extension for reply within fourth month
1255	2010	2255	1005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1330	2453	665	Petition to revive - unintentional
1501	1330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1503	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
1801	770	2801	385	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify) _____

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	780	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)**0.00**

2. EXTRA CLAIM FEES

Total Claims - Previously Paid** = X Extra Claims = X Fee from below = Fee Paid
Independent Claims - 20 = X 18 =
 3 = X 86 =
Multiple Dependent 280 =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0.00**

**or number previously paid, if greater; For Reissues, see above.

SUBTOTAL (3) (\$)**2,660.00**

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) **Michael P. Noonan**
Signature

Complete (if applicable)

Registration No. **42,038** Telephone _____
Date **March 2, 2004**